PTO/SB/30 (04-07)
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Request	Application Number	09/132,327-Conf. #9217
for Continued Examination (RCE) Transmittal	F) Filing Date	August 11, 1998
	First Named Inventor	Michel Safars
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Alexandria PATENT TRADEMARK OFFICE	Art Unit	2178
	Examiner Name	C. B. Paula
	Attorney Docket Number	17363/002001

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

 Submission required under 37 CFR 1.114 Note: If the RCE is proper, are amendments enclosed with the RCE will be entered in the order in which they we applicant does not wish to have any previously filed unentered amendment(s) eramendment(s). 	ere filed unless applicant instructs otherwise. If				
a. Previously submitted. If a final Office action is outstanding, any may be considered as a submission even if this box is not check					
i. Consider the arguments in the Appeal Brief or Reply Brief prii. Other	eviously filed on				
b. X Enclosed					
i. X Amendment/Reply iii. Information	Disclosure Statement (IDS)				
iiAffidavit(s)/Declaration(s) ivOther					
2. Miscellaneous					
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a					
period of months. (Period of suspension shall not ex	ceed 3 months; Fee under 37 CFR 1.17(i) required)				
b. Other					
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 v	when the RCE is filed.				
a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 50-0591 . I have enclosed a duplicate copy of this sheet.					
i. X RCE fee required under 37 CFR 1.17(e)					
ii. Extension of time fee (37 CFR 1.136 and 1.17)					
iii. Other					
b. Check in the amount of \$enclosed					
c. X Payment by credit card (Form PTO-2038 enclosed)					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
Signature	Date May 18, 2007				
Name (Print/Type) Jonathan F. Osha	Registration No. 33,986				
	OF /04 /0003 TERMINAL BORONSES				

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PTO/SB/17 (05-07)

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Under the Paperwork Reduction Act of 1995, no person are required to				ina or nambe	
Effective on 12/08/2004.	Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	09/132,327-Conf. #9217			
FEE TRANSMITTAL	Filing Date	August 11, 1998			
For FY 2007	First Named Inventor Examiner Name	C. B. Paula	Michel Safars		
Applicant claims small entity status. See 37 CFR 1.27		2178			
,	Art Unit	17363/002001			
TOTAL AMOUNT OF PAYMENT (\$) 395.00	Attomey Docket No.	17303/002001			
METHOD OF PAYMENT (check all that apply)					
Check X Credit Card Money Order N	one Other (please ide	entify):			
x Deposit Account Deposit Account Number: 50-0591 Deposit A	count Name:	Osha · Liang L	LP		
For the above-identified deposit account, the Director	s hereby authorized to: (ch	eck all that apply)			
Charge fee(s) indicated below	Charge fee(s) i	ndicated below, ex	cept for the	filing fee	
Charge any additional fee(s) or underpayments	of x Credit any over	rpayments			
fee(s) under 37 CFR 1.16 and 1.17					
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
	ARCH FEES EXAM	INATION FEES			
Small Entity	Small Entity	Small Entity			
Application Type Fee (\$) Fee (\$)			Fees Pa	<u>id (\$)</u>	
Utility 300 150 500		100			
Design 200 100 100 100 Plant 200 100 300		65			
		•			
Reissue 300 150 500					
Provisional 200 100 (0 0	, 0 .		11 27	
2. EXCESS CLAIM FEES		•	Fee (\$)	mall Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)			50	25	
Each independent claim over 3 (including Reissues)			200	100	
Multiple dependent claims			360	180	
<u>Total Claims</u> Extra Claims Fee (\$) Fee	Paid (\$)	Multiple Depender			
20 -20 = x =	· · · · · · · · · · · · · · · · · · ·		ee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.				_	
Indep. Claims Extra Claims Fee (\$) Fee	Paid (\$)		•		
3 -3= × = =	· · · · · · · · ·				
HP = highest number of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of pape	r (excluding electronically	filed sequence or o	ommutor.		
listings under 37 CFR 1.52(e)), the application size fee of sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and	ue is \$250 (\$125 for small				
Total Sheets Extra Sheets Number of each	additional 50 or fraction ther		Fee Pa	aid (\$)	
100 = /50 =	(round up to a whole numbe	r) x =			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity dis	count)		Fees P	aid (\$)	
Other (e.g., late filing surcharge): 1801 Request for co	•	CE) (see 37	395	.00	

SUBMITTED BY				
Signature	Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
Name (Print/Type) Jona har P Osha	•		Date	May 18, 2007